

Form FP 6 Rev. 12/97

The Commonwealth of Massachusetts
Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775
APPLICATION FOR PERMIT



Date: _____

SPRINGFIELD

(City or Town)

Permit No. _____

(If Applicable)

In accordance with the provisions of M.G.L. Chapter 148, as
provided in Section 527 CMR. 39.00 application is hereby made

by _____

(Full name of person, Firm or Corporation)

Address _____

(Street or P.O. Box)

(City or Town)

For permission to PERFORM WELDING AND CUTTING OPERATIONS

State clearly
purpose for
which permit
is requested

Name of competent operator _____

(If Applicable)

Cert. No. _____

Date Issued-rejected _____

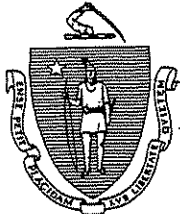
By _____

(Signature of Applicant)

Date of expiration _____

Fee \$ _____ Paid _____ Due _____

Cut



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The Commonwealth of Massachusetts
Department of Fire Services
Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775
PERMIT



Date: _____

Permit No. _____

(If Applicable)

(City or Town)

In Accordance with the provisions of M.G.L. Chapter 148 as provided in _____

This Permit is granted to: _____

(Full name of person, Firm or Corporation)

for PERFORM WELDING AND CUTTING OPERATIONS

DIG SAFE NUMBER
M.G.L. C. 82, S. 40

NOT APPLICABLE

Start Date _____

Restrictions: MUST COMPLY WITH ALL REQUIREMENTS OF 527 CMR: 39.00

A COPY OF 527 CMR: 39.00 IS ISSUED WITH THIS PERMIT.

at _____
(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$ _____

FIRE MARSHAL

This Permit will expire _____

(Signature of official granting permit)

(Title)

THIS PERMIT MUST BE CONSPICUOUSLY POSTED UPON THE PREMISES